

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 - 2 8

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) Medicaid

4. PROPOSED EFFECTIVE DATE

July 1, 2004

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$255,000

b. FFY 2005 \$1,020,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6A, Page 4a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6A, Page 4a (04-03)

10. SUBJECT OF AMENDMENT:

Increase in the personal needs allowance for long-term care recipients.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Nelson J. Sabatini

13. TYPED NAME:

Nelson J. Sabatini

14. TITLE:

Secretary, Department of Health
and Mental Hygiene

15. DATE SUBMITTED:

June 14, 2004

16. RETURN TO:

Susan J. Tucker, Executive Director
DHMH - OHS
201 W. Preston St., Ste 124
Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 14, 2004

18. DATE APPROVED:

AUG 18 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Susan Cuerton

21. TYPED NAME:

Susan Cuerton

22. TITLE:

Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

State: Maryland

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals <u>\$60</u> Couples <u>\$120</u></p> <p>For the following persons with greater need: <u>n/a</u></p> <p>Supplement 12 to <u>Attachment 2.6-A</u> about greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children <u>\$60</u> Adults <u>\$60</u></p> <p>For the following persons with greater need: <u>n/a</u></p> <p>Supplement 12 to <u>Attachment 2.6-A</u> about greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individuals under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2-A</u>. <u>\$60</u></p>

TN No. 04-28
Supersedes
TN No. 04-03

Approval Date AUG 1 8 2004

Effective Date 7/1/04